

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
APR 17 2014
Bayfield Co. Zoning Dept.

Permit #: 14-0053
Date: 5-5-14
Amount Paid: \$100
Refund: 4-01-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Deborah Schedler
Address of Property: 6191 Iron Lake Rd
City/State/Zip: Iron River, WI 54847
Cell Phone: 372-4344
Contractor: Plumber
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: Plumber
Agent Mailing Address (include City/State/Zip):
Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) P.M.: (23 digits) 04-022-2-47-09-24-205-003-06200
1/4, 1/4 Gov't Lot 3 CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Recorded Document: (i.e. Property Ownership) 863 Volume 780
Section 24, Township 47 N, Range 9 W Town of: Hughes Lot Size Acreage 10.5

☒ Shoreland → ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes---continue → Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? ☐ Yes ☒ No
☐ Non-Shoreland → Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? ☐ Yes ☒ No

Value at Time of Completion * Include donated time & material \$9000

Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Box 11</u>	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height: Proposed Construction: Length: Width: Height:

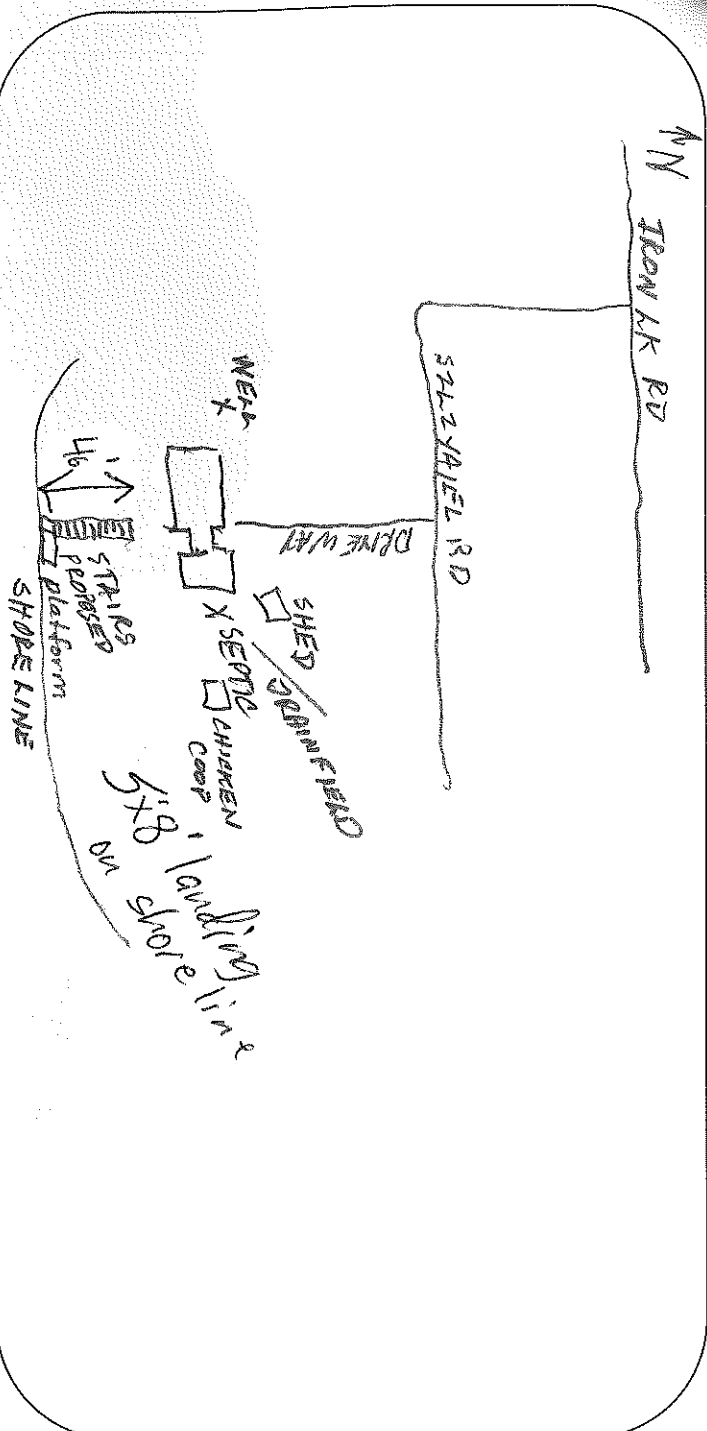
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(X)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(X)	
	Accessory Building (specify)	(X)	
	Accessory Building Addition/Alteration (specify)	(X)	
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain)	(X)	
	<input type="checkbox"/> Conditional Use: (explain)	(5 x 8)	40
MAY 05 2014	<input checked="" type="checkbox"/> Other: (explain) <u>starway to lake</u>	(4 x 40)	160

I/we declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) ~~certify~~ swear that the information provided is true and accurate. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Deborah Schedler
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Date 4/15/2014
Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit same as above
Date
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

1. Show Location of: Proposed Construction
2. Show / Indicate: North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*): All Existing Structures on your Property
(4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1000 f Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	1000 f Feet	Setback from the River, Stream, Creek	600 f Feet
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	N/A Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	40 f Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	30 f Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	30 f Feet	Setback to Well	100 f Feet
Setback to Drain Field	30 f Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 14-0053		Permit Date: 5-5-14			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Used/Coniguous Lot(s)) <input type="checkbox"/> Yes NA	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Metal Requirements		Inspected by: M. Fuchs		Zoning District (R-1) Lakes Classification (2-3)	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)		Must use best management practices to prevent erosion and sedimentation of the lake			
Signature of Inspector: Michael Swital		The structure shall be no more than four (4) feet wide; structures shall be inconspicuously colored; railings are permitted only where required by safety concerns; canopies and roofs on such structures are prohibited; and landings for stairways or docks are permitted only where required by safety concerns and shall not exceed forty (40) square feet.			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For: <input type="checkbox"/>	
				Date of Approval: 5-5-14	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
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Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

Mike Fullatak

Date Stamp (Received)
APR 28 2014

Permit #:	14-0058
Date:	5-9-14
Amount Paid:	\$1854.88-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		Mailing Address: _____ City/State/Zip: _____ Telephone: _____	
Owner's Name: _____		City/State/Zip: _____	
Address of Property: _____ 4345 WESTLAND RD (W33277)		Cell Phone: _____	
Contractor: _____ MILLER CLOPP & MATHIAS INC 412-724-4900		Plumber Phone: _____	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____ Agent Phone: _____		Agent Mailing Address (Include City/State/Zip): _____	
PROJECT LOCATION: _____ 4345 SE 1/4, SW 1/4		Recorded Document: (i.e. Property Ownership) _____ Volume 789 Page(s) 124	
Section 10, Township 47 N, Range 9 W		Town of: Hughes	
<input checked="" type="checkbox"/> Shoreland → <input type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: _____ feet 250	
<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If Yes--continue →		Distance Structure is from Shoreline: _____ feet 250	
<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue →		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$11,000	<input checked="" type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/ service contract) <input checked="" type="checkbox"/> None <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2nd) Deck	() X ()	
	with Attached Garage	() X ()	
<input checked="" type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
	Mobile Home (manufactured date)	() X ()	
	Addition/Alteration (specify) <u>2nd floor</u>	() X ()	
	Accessory Building (specify)	() X ()	
	Accessory Building Addition/Alteration (specify)	() X ()	
<input type="checkbox"/> Municipal Use			
Rec'd for Issuance	Special Use: (explain) _____	() X ()	
MAY 07 2014	Conditional Use: (explain) _____	() X ()	
	Other: (explain) _____	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
Secretarial Office (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date: 4-22-14
(If you are signing on behalf of the Owner(s) a letter of authorization must accompany this application)
Address to send permit: 413 N LAVERGNE AVE, STE 301
CHICAGO, IL 60640
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

See box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

PLEASE SEE CONSTRUCTION DETAILS

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300 + Feet	Setback from the Lake (ordinary high-water mark)	300 + Feet
Setback from the Established Right-of-Way	300 + Feet	Setback from the River, Stream, Creek	200 + Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	300 + Feet		
Setback from the South Lot Line	1000 + Feet	Setback from Wetland	200 + Feet
Setback from the West Lot Line	400 + Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	350 + Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 14-0058		Permit Date: 5-9-14			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Town is existing CUP# 09-0550		Inspected by: M. Finkel		Zoning District (F-1) Lakes Classification (3)	
Date of Inspection: 4-30-14		Date of Re-inspection:			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)					
See ZC mty minutes & affidavit, No addition to town layout					
Signature of Inspector: Michael Finkel					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
				Hold For Fees: <input type="checkbox"/>	
				Date of Approval: 5-5-14	

Field County, WI

